



**GLOBAL MEDI-CAL DRUG USE REVIEW (DUR) BOARD
MEETING MINUTES**

Tuesday, February 26, 2019

9:30 a.m. – 3:00 p.m.

**Location: Department of Health Care Services (DHCS)
1700 K Street, 1st Floor Conference Room
Sacramento, CA 95814**

Topic	Discussion
1) WELCOME/ INTRODUCTIONS	<ul style="list-style-type: none">• The Global Medi-Cal Drug Use Review Board (the “Board”) members and meeting attendees introduced themselves.• Board members present: Drs. Timothy Albertson, Michael Blatt, Chris Chan, Lakshmi Dhanvanthari, Jose Dryjanski, Stan Leung, Johanna Liu, Janeen McBride, Robert Mowers, Yana Paulson, Randall Stafford, Marilyn Stebbins, Vic Walker, Andrew Wong, and Ramiro Zuniga.• Board members absent: none.• DHCS staff present included Pauline Chan, RPh, David Do, PharmD, Paul Nguyen, PharmD, Ivana Thompson, PharmD, and Jose Villalobos, MPA. Dorothy Uzoh, PharmD and Teri Miller, PharmD attended the meeting via webinar.• Representatives present from other Medi-Cal managed care plans (MCPs) attending in-person included Nina Duong, PharmD (Inland Empire Health Plan), Adam Horn, PharmD (CenCal Health), Ed Jai, PharmD (Inland Empire Health Plan), Amit Khurana, PharmD (Aetna Better Health of California), Susan Nakahiro, PharmD (Kaiser), Jessica Shost, PharmD (San Francisco Health Plan), and Flora Siao, PharmD (California Health & Wellness).• Representatives present from other Medi-Cal managed care plans (MCPs) attending via webinar included Barrie Cheung, PharmD (Health Plan of San Mateo), Anthony Dao (AIDS Healthcare Foundation), Kris Gericke, PharmD (CalOptima), Jeff Januska, PharmD (CenCal Health), Diana Khader, PharmD, MBA (CalOptima), NhuAnh Le, PharmD (Health Plan of San Joaquin), Stephanie Lem, PharmD (CenCal Health), Charles Lino, PharmD (Community Health Group), Lynette Rey, PharmD (Partnership Health Plan of California), Ankit Shah, PharmD (UnitedHealthcare Community Plan of California, Inc.), Ming Shen, PharmD (Health Plan of San Mateo), Mimosa Tran, PharmD (Molina Healthcare of California Partner Plan, Inc.), Janet Tsai, PharmD, MBA (L.A. Care Health Plan), Bruce Wearda, RPh (Kern Family Health Care), and Andrew Yau, PharmD (Health Plan of San Mateo).
2) CALL TO ORDER/ GUIDELINES	<ul style="list-style-type: none">• The Chair of the Board, Dr. Randall Stafford, called the meeting to order. He stated that while the last year was a year of transition to the Global Medi-Cal DUR Board, he looks forward to this being a year of action.• Dr. Stafford reviewed the general meeting guidelines and stated that everyone should have the mindset to be courteous, respectful, and open-minded.
3) MEETING LOGISTICS	Ms. Chan summarized Robert's Rules of Order, including the main motion process. Ms. Chan then presented an overview of logistics for the DUR Board meetings, including the Wi-Fi passcode, seating arrangements, the managed care plan roll call, and the process for making comments. Ms. Chan also encouraged the Board to complete the meeting feedback survey.

<p>4) REVIEW AND APPROVAL OF PREVIOUS MINUTES FROM NOVEMBER 27, 2018</p>	<p>Dr. Stafford stated that he is viewing an electronic copy of the agenda and packet in order to follow the agenda and attachments being presented. He explained that any Board members using personal computing devices during the meeting are viewing the same materials provided to the public. This statement is required by Open Meeting rules.</p> <p>The Board reviewed the minutes from the Board meeting held on November 27, 2018. Dr. Zuniga motioned that the minutes be approved. Dr. Wong stated he had a few minor edits to the minutes and motioned to approve the minutes to include his edits. The motion was seconded. There was no discussion. The Board voted to approve the minutes with Dr. Wong's edits.</p> <p>AYE: Blatt, Chan, Dhanvanthari, Dryjanski, Leung, Liu, McBride, Stafford, Stebbins, Walker, Wong, Zuniga NAY: None ABSTAIN: None ABSENT: Albertson, Mowers, Paulson</p> <p>ACTION ITEM: Incorporate Dr. Wong's edits into the November 27, 2018 minutes and post to the DUR website.</p>
<p>5) OLD BUSINESS</p>	<p>a. Review of Board Action Items from November 27, 2018:</p> <ul style="list-style-type: none"> i. Update bylaws to include election process details – Ms. Chan stated that the election process has been approved. However, the bylaws do not need modification at this time. ii. Candidates for vice chair to submit statement of interest to DHCS by August 1 (for September elections) – Ms. Chan stated that this process has been approved and reminders will be sent to the Board before the deadline. iii. Update Board priorities to move three subtopics under “Optimizing Biologics, Specialty Drugs, and Cost-effective Care” to “Optimizing Drug Prescribing and Dispensing” – Ms. Chan stated this has been approved and the edits have been incorporated into the Board priority slides that will be discussed later today. iv. DHCS to follow Medicare policy on automatic refill – Ms. Chan stated that the Board recommendation is under consideration by DHCS. v. Updates to standard data reports for Board meetings – Ms. Chan stated that these updates have been approved and two of the new reports proposed will be presented today. Ms. Fingado stated that while it was proposed to have an annual utilization report of Physician Administered Drugs (PADs) for the entire Medi-Cal program, it was determined that the PADs reports will continue to include Medi-Cal fee-for-service beneficiaries only due to issues with encounter data submissions. The annual review of PADs data is scheduled for presentation at the September DUR Board meeting. <p>b. Recommended Action Items for MCPs from November 27, 2018: Ms. Chan presented the recommended action items for MCPs from the Board meeting held on November 27, 2018. Recommendations are separated into two categories: required action items and suggested action items.</p> <p>c. FFS TAR Data (4Q2018): Dr. Nguyen presented the top 32 drugs submitted for <i>Treatment Authorization Request</i> (TAR) during 4Q2018, which includes all requests from October 1, 2018, through December 31, 2018. Dr. Stafford commented that while the TAR process remains a burden, it is his understanding the process has improved. Dr. Stafford noted that many of the medications on the list are safe, important medications and he expressed concern that patients may experience treatment delays for these drugs. Dr. Stebbins suggested that we look at how many TARs are due to the six prescription maximum, and that perhaps it is time to look at this limit again, as it likely affects patients with chronic illness. Dr. Zuniga suggested comparing adherence to insulin pens in comparison to insulin vials. Dr. Thompson stated it is difficult to measure adherence to insulin due to days' supply. Dr. Liu suggested that a future topic for review could be those medications with high (> 80%) approval rates. Dr. Liu suggested maybe some of these drugs could have TAR requirements removed. Dr. Thompson reminded the Board that FFS has a List of Contract Drugs (CDL),</p>

	<p>not a formulary, and lack of inclusion on the CDL is because there is no contract. Claims for drugs not on the CDL require a TAR. Dr. Dhanvanthari suggested that the reasons for denial of long-acting antipsychotics be reviewed. Dr. Thompson stated that the reasons for denial are not captured by the system FFS uses, but a request can be made to the TAR office for a report on this topic.</p> <p>Dr. Stebbins motioned that the top drugs on the TAR list be reviewed again to identify how many TARs are due to being over the six prescription maximum. The motion was amended to also include the top three reasons for denials among antipsychotic medications. There was no further discussion. The motion passed.</p> <p>AYE: Blatt, Chan, Dhanvanthari, Dryjanski, Leung, Liu, McBride, Stafford, Stebbins, Walker, Wong, Zuniga NAY: None ABSTAIN: None ABSENT: Albertson, Mowers, Paulson</p> <p>ACTION ITEM: The DUR Board recommendation to complete an additional review of the TAR drug data to determine the percentage of TARs for each drug that are due to the statutory prescription limit and the top three reasons for denials among antipsychotic medications will be submitted to DHCS.</p>
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6) NEW BUSINESS	<p>a. Global DUR Board Activities</p> <p>i. Annual Review: 2018 – Dr. Wong reviewed the highlights of the first year of the Global Medi-Cal DUR Board, which covered FFY 2018 (October 1, 2017, through September 30, 2018). Dr. Wong stated he was very pleased with the successful transition from the fee-for-service DUR program to a Board that now includes representation from managed health care plans. Dr. Wong then read a list of managed care health plans that participated in the Board meetings during 2018. Dr. Wong shared his appreciation and gratitude to these plans for their support and engagement.</p> <p>ii. Board Goals/Priorities: 2019 – Dr. Stafford thanked Dr. Wong for his leadership during FFY 2018, especially his successful facilitation of the DUR program during the first year after the Board expansion. Dr. Stafford then presented the goals for the Global Medi-Cal DUR Board for 2019, which included the following:</p> <ul style="list-style-type: none"> • Advise DHCS regarding the revision of DUR reports to include drugs commonly used in both Medi-Cal Fee-for-Service (FFS) and Managed Care Organizations (MCOs) • Promote dialogue, collaboration among MCOs • Align goals with DHCS Quality Strategy • Advise DHCS in the implementation of Medicaid Drug Utilization and Review Minimum Standards for the Substance Use–Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act <p>Dr. Stafford then began to review the priority area topic clusters and suggested we begin to disseminate best practices for which we have consensus. Dr. Stafford stated that he would like to continue to make an impact within the areas prioritized by the Board. Dr. Stafford acknowledged the DUR program has a long history of dissemination and while bulletins are a tried and true vehicle for dissemination, he proposed continuing to use bulletins and also expanding dissemination to integrate and align with policy. Dr. Stafford also suggested that the review of the TAR program showed that in some ways, the FFS program is lagging behind the MCOs.</p> <p>Dr. Stafford then reminded the Board of the following priority area topic clusters:</p> <ul style="list-style-type: none"> • Optimizing Drug Prescribing and Dispensing, including specialty drugs • Optimizing Pain Management and Opioids • Optimizing Chronic Disease Management, including prevention
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Dr. Shost stated that two topics that stand out in the first priority area are filling cancelled prescriptions and polypharmacy, as cancelled prescriptions do not go through the EMR and polypharmacy leads to poor adherence. Dr. Leung agreed there might be multiple TARs for some products such as biologics and there may be a need to cancel one TAR so multiple prescriptions for biologics don't get filled. Dr. Stebbins noted the Board goals for 2019 are lofty and suggested we start picking off the topics one by one. Dr. Stebbins motioned the Board review best practices for prior authorization process improvement and strategies to prevent filling prescriptions that are already cancelled. The motion was seconded. Dr. Wong asked if we were able to obtain data on these issues. Ms. Fingado stated she had never looked at either cancelled or denied pharmacy claims data, however she would look into this as it has been identified as a priority. Dr. Stebbins suggested as we tackle each goal, the MCOs should report out on their best practices and it would allow us to be able to compare and to learn from one another. Dr. Liu stated that MCOs may have a specialty pharmacy that manages this and she isn't sure if data from the specialty pharmacy can be reconciled with standard prescription management. Dr. Chan proposed that each plan could present what they are doing and any best practices.

Dr. Stebbins motioned that the Board review best practices for prior authorization process improvement and strategies to prevent filling prescriptions that are already cancelled. The motion was seconded. There was no further discussion. The motion passed.

AYE: Blatt, Chan, Dhanvanthari, Dryjanski, Leung, Liu, McBride, Paulson, Stafford, Stebbins, Walker, Wong, Zuniga

NAY: None

ABSTAIN: None

ABSENT: Albertson, Mowers

ACTION ITEM: The DUR Board recommendation to review best practices for prior authorization process improvement and strategies to prevent filling prescriptions that are already cancelled will be submitted to DHCS.

Dr. Stafford then suggested a review of the optimizing pain management and opioid priority area topic cluster. Dr. Stafford stated he is interested in tracking naloxone prescriptions, especially given the new state law requiring prescribers to offer a prescription for naloxone. Dr. Stafford also suggested addressing the scrutiny around prescribing opioids for surgery, as there is typically a standard quantity of opioids prescribed and dispensed that often isn't used. Dr. Stafford also stated there is a new generation of surgeons that are now looking at ways to avoid opioids. There has been a great deal of scrutiny in family medicine/internal medicine but surgery has not had focus. Dr. Zuniga stated he would also like to focus on emergency room (ER) utilization and discharge prescriptions, including beneficiaries visiting multiple ERs for the same complaint. Dr. Stebbins asked if CURES captured these prescriptions and Dr. Zuniga stated he is not sure that ER physicians look at CURES if there is no standard process in place and he noted there is a lag in CURES data that would allow multiple claims to go through.

Dr. Zuniga motioned the Board review the use and prescribing of opioids in the emergency department and surgical setting and a review of naloxone prescribing after the implementation of the new legislative requirements in California

AYE: Blatt, Chan, Dhanvanthari, Dryjanski, Leung, Liu, McBride, Paulson, Stafford, Stebbins, Walker, Wong, Zuniga

NAY: None

ABSTAIN: None

ABSENT: Albertson, Mowers

ACTION ITEM: The DUR Board recommendation to review the use and prescribing of opioids in the emergency department and surgical setting and a review of naloxone prescribing after the implementation of the new legislative requirements in California will be submitted to DHCS.

- iii. RetroDUR Review Proposal: Antihyperglycemic Medications – Dr. Stafford then reviewed the optimizing chronic disease management priority area topic cluster, and briefly described the proposal submitted to the Board by Dr. Mowers on antihyperglycemic medications. Dr. Zuniga suggested we look at control of blood glucose with pens in comparison to syringes. Dr. Stafford suggested we look more broadly to the medical literature, investigate the availability of data, including an understanding of the limitations. Dr. Stebbins suggested we should be mindful of recent guideline changes as well.

Dr. Stafford stated that in the absence of other suggestions, he proposes we continue to focus on management of high blood pressure. Dr. Stebbins suggested reviewing disparities in high blood pressure management, as some demographics are doing a better job than others. Dr. Stebbins suggested reviewing adherence data by county or by region. Dr. Wong proposed also choosing at least one preventive topic from the list, such as vaccinations. Dr. Siao also suggested asthma management as a topic, as one of the top three reasons people go to the ER is uncontrolled asthma. Dr. Zuniga suggested an analysis of asthma medications, including the use of controller medications.

Dr. Orozco suggested making these motions narrower as we are looking ahead to the next meeting and what can be accomplished for the next meeting. Dr. Mowers suggested that DHCS collect data on the drug spend on diabetes and referred to his retrospective DUR proposal on antihyperglycemic medications. Ms. Fingado stated that she had spoken with Dr. Mowers about a September timeline for the retrospective DUR review. Dr. Stebbins again suggested that it would be a helpful starting point to add a review of best practices by managed health care plans for all of the suggested topics.

Dr. Mowers motioned to review diabetes management, hypertension management, asthma management, and immunizations within populations with chronic disease, including a review of best practices among managed health care plans. The motion was seconded. There was no further discussion. The motion passed.

AYE: Blatt, Chan, Dhanvanthari, Dryjanski, Leung, Liu, McBride, Mowers, Paulson, Stafford, Stebbins, Walker, Wong, Zuniga

NAY: None

ABSTAIN: None

ABSENT: Albertson

ACTION ITEM: The DUR Board recommendation to review diabetes management, hypertension management, asthma management, and immunizations within populations with chronic disease, including a review of best practices among managed health care plans will be submitted to DHCS.

- b. Health Plan Presentation: Pharmacy Pay-for-Performance (P4P) Program – Doan Trang (Nina) T. Duong, PharmD, a Clinical Pharmacist with the Inland Empire Health Plan (IEHP), provided an overview of an outreach campaign implemented at IEHP that encouraged providers, pharmacists, and members to work together on medication safety. Dr. Duong stated that providers were educated on the role of pharmacists in medication review, members were educated on ways to engage with the pharmacist, and pharmacists were trained in areas that included discussing DUR with providers and members.

Dr. Duong then summarized outcomes from Q1 and Q2 of 2018, noting that the DUR categories that were studied included therapeutic duplication, high dose, drug-drug interaction, and high-risk medication for the elderly, all of which were a hard block and required the pharmacist to conduct a comprehensive medication review and enter a code before the filling or cancellation process could continue. She stated that the P4P program only paid for the codes R0 (history reviewed), M0 (prescriber consulted), and SW (literature search). Dr. Duong reported that in the beginning, there was a decrease in the number of processed claims and in the number of DUR overrides, but that the downward trend did not sustain. Dr. Duong noted that the average DUR override rate was 56%, with the greatest override rate observed with drug-drug interaction and high-risk medications in the elderly alerts.

Dr. Paulson asked if they had looked at what happened when a patient didn't get a prescription filled. Dr. Duong stated they had not drilled down to that level, as there are over 450 pharmacies. Dr. Khurana asked if they were able to demonstrate an increase in quality or tie data into quality measures. Dr. Duong reported that they do have a customer satisfaction survey. Dr. Shost asked if anyone was grandfathered in, such as patients who were already on high doses of opioids. Dr. Duong stated that high dose was one of the categories set by First Databank, Inc. and there was not a grandfather process.

Dr. Duong then described the pharmacy report card provided to pharmacies and discussed how the results shown in the report card played a role in the P4P program. She shared that payment was provided for interventions, text messaging, customer satisfaction surveys, and a bonus payment was available for pharmacies that met the requirements for bonus eligibility. Dr. Duong stated that the total payout to pharmacies was over \$4 million, with the majority (83%) going towards chain pharmacies. Dr. Duong then covered per member per month savings, cost avoidance, and estimated cost avoidance of adverse drug events and summarized the text-messaging program and customer satisfaction survey. Dr. Jai, the Senior Director and Chief Pharmacist at IEHP, joined Dr. Duong to discuss the current and future aspects of measuring and reporting for the P4P program.

c. DUR Annual Report to CMS

- i. FFY 2017: State Comparison Summary – Ms. Chan stated that the full [State Comparison/Summary Report FFY 2017](#) is available on the Centers for Medicare & Medicaid Services (CMS) website and she encouraged everyone to review the summary included in the packet.
- ii. FFY 2018: Fee-for-Service Draft Annual Report – Ms. Chan and Dr. Orozco provided a brief overview of the annual report covering the Medi-Cal fee-for-service program. Ms. Chan stated that the level of detail in the fee-for-service report could be used as a model for how managed care plans should complete their report. Dr. Shost asked how managed care plans should handle carved-out drugs. Ms. Chan stated that managed care plans should just indicate that these drugs are carved out for their plan.

Dr. Stafford motioned to approve the FFY 2018 DUR Annual Report to CMS. The motion was seconded. There was no further discussion. The motion passed.

AYE: Albertson, Blatt, Chan, Dhanvanthari, Dryjanski, Leung, Liu, McBride, Mowers, Paulson, Stafford, Stebbins, Walker, Wong, Zuniga

NAY: None

ABSTAIN: None

ABSENT: None

ACTION ITEM: The DUR Board recommendation to approve the FFY 2018 DUR Annual Report to CMS for the Medi-Cal Fee-for-Service program will be submitted to DHCS.

- iii. FFY 2018: Fee-for-Service Additional Data – Ms. Fingado presented data for FFY 2018 that she thought the Board might find useful, but was not required by CMS as a part of the FFY 2018 annual report. Data reported included fee-for-service pharmacy utilization by age group, the top 20 drug therapeutic categories by utilizing beneficiaries, the top 20 drugs by utilizing beneficiaries, and trends over time in generic utilization, generic expenditures, and DUR cost-savings estimates.

Dr. Paulson stated that the generic utilization percentage looks low. Ms. Fingado explained that this is representative of the drugs that are covered through fee-for-service, as the carved-out drugs are mostly single source. Dr. Paulson asked if the generic utilization could be stratified to include only the drugs used by fee-for-service enrollees. Ms. Fingado suggested this would still artificially lower the generic utilization percentage, as the rates reported by managed care plans do not have carved-out drugs included. Ms. Fingado suggested excluding carved-out drugs for fee-for-service enrollees as well. Dr.

Stebbins noted that fee-for-service is also mandated to use some branded drugs due to supplemental rebates, which still result in lower costs to the program even though it lowers the generic utilization rate.

Dr. Paulson motioned to calculate generic utilization and expenditure data exclusive of carved out drugs for all FFS beneficiaries and MCPs (by plan) and also for all carved out drugs. The motion was seconded. There was no further discussion. The motion passed.

AYE: Albertson, Blatt, Chan, Dhanvanthari, Dryjanski, Leung, Liu, McBride, Mowers, Paulson, Stafford, Stebbins, Walker, Wong, Zuniga

NAY: None

ABSTAIN: None

ABSENT: None

ACTION ITEM: The DUR Board recommendation to present generic utilization and expenditure data exclusive of carved out drugs for all FFS beneficiaries and MCPs (by plan) and also for all carved out drugs.

d. Recap of morning action items – Dr. Orozco and Ms. Fingado read the Board action items from the morning session. Due to technical difficulties, the action items could not be shown on the webinar or projected on the screen in the meeting room. Dr. Stafford expressed concern that some of the details that were discussed had not been included in the action items. Ms. Fingado stated that while the details had been captured as part of the meeting record, the stated action items were intended to be a summary of only one or two sentences.

e. Retrospective DUR

- i. Global Quarterly Report 2Q2018 (April – June 2018) – Ms. Fingado presented the Global Medi-Cal quarterly DUR report for the 2nd quarter of 2018. This quarterly report was presented for the first time and contains all pharmacy utilization data for the Medi-Cal program. Utilization data are presented in aggregate, and then stratified by Medi-Cal FFS enrollees only and by Medi-Cal managed care plan (MCP) enrollees only.

Dr. Liu suggested that future reports should have the denominator for the stratified data in Tables 4 and 6 be the total paid claims and utilizing beneficiaries from each program. Ms. Fingado agreed this would improve the clarity of the report and stated she would update the format for future global reports.

Ms. Fingado stated that she plans to re-run the data for this report three months after the initial data pull and evaluate the completeness of the data being presented in this report. Ms. Fingado will report these findings back to the Board in May.

- ii. FFS Quarterly Report: 4Q2018 (October – December 2018) – Ms. Fingado presented the Medi-Cal fee-for-service quarterly DUR report for the 4th quarter of 2018, which includes both prospective and retrospective DUR data. This quarterly report contains fee-for-service pharmacy utilization data presented in aggregate, and then stratified by Medi-Cal FFS enrollees only and by Medi-Cal managed care plan (MCP) enrollees only. This report includes all carved-out drugs processed through the FFS program.

- iii. Biennial Report 2018: Part I – Ms. Fingado presented Part I (of 2) of the biennial report for 2018, which provides detailed evaluations of the following eight DUR educational articles, published between October 2014 and September 2016:

- Clinical Review: Use of Nicotine Replacement Therapy for Smoking Cessation – October 2014
- Alert: Folic Acid Awareness Week is January 4th – 10th, 2015 – December 2014
- Alert: Depression Among Perinatal Women is Overlooked and Undertreated – January 2015
- Improving the Quality of Care: Methotrexate Use and Folate Supplementation – February 2015
- Drug Safety Communication: Varenicline and Alcohol Use – March 2015

- Improving the Quality of Care: Antipsychotic Use in Children and Adolescents – March 2015
- Drug Safety Communication: NSAIDs Increase Chance of Heart Attack or Stroke – August 2015
- 2015 Immunization Updates: Influenza, HPV, MenB, PCV13, and SB 277 – September 2015

The Board agreed with the recommendations in the report and prioritized the retrospective DUR review of NSAIDs among the Medi-Cal population, including an evaluation of those beneficiaries with heart disease or risk factors for developing heart disease. The Board also agreed there was opportunity for collaboration with other state agencies to improve the use of folic acid among female Medi-Cal beneficiaries of childbearing age. Finally, a motion was made to archive the varenicline alert from the DUR website, as the FDA has reversed the boxed warning based on updated data from a clinical trial. The motion was seconded. There was no further discussion. The motion passed.

AYE: Blatt, Chan, Dhanvanthari, Dryjanski, Leung, Liu, McBride, Mowers, Paulson, Stafford, Stebbins, Walker, Wong, Zuniga

NAY: None

ABSTAIN: Albertson

ABSENT: None

ACTION ITEM: The DUR Board recommendation to archive the varenicline alert will be submitted to DHCS.

f. Review of DUR Publications presented by Dr. Lynch

- Alert (January 2019): Naloxone Legislation – Dr. Lynch let the Board know that the DUR educational alert entitled, "[Alert: New Naloxone Regulations Effective on January 1, 2019](#)" published in January 2019. This alert was a review of Assembly Bill 2760 (Wood, Chapter 324), which requires California prescribers to offer a prescription for either naloxone or another drug approved by the U.S. Food and Drug Administration (FDA) for the complete or partial reversal of opioid-induced respiratory depression. The alert also provided links to two resources: 1) an FAQ provided on the Medical Board of California website and 2) an article in the December 2018 publication of The Script newsletter on the California State Board of Pharmacy website.
- Discussion/Recommendations for Future Educational Bulletins – The calendar for future DUR educational bulletins was reviewed. Dr. Lynch reviewed the publications in progress. The MEDD update is scheduled to publish this week and Dr. Lynch thanked Dr. Albertson for serving as Board reviewer of this article. A second bulletin on latent tuberculosis is in progress. Proposed topics from the morning discussion were reviewed. Once the retrospective review of NSAIDs is completed, the Board plans to evaluate whether that topic should be considered for a bulletin.

g. Prospective DUR: Fee-for-Service

- Review of DUR Alerts for New GCNs in 4Q2018 (October – December 2018): At each Board meeting, a list of new GCN additions with prospective DUR alerts turned on other than DD, ER, and PG are provided to the Board for review. At this meeting, the Board reviewed the alert profiles of the following GCNs:
 - GCNs #078155 – #078160: ARIPIPRAZOLE – Drug-Disease (MC), Therapeutic Duplication (TD), Late Refill (LR), Additive Toxicity (AT), Ingredient Duplication (ID), High Dose (HD), Low Dose (LD)
 - GCN #078957: CHLORPHENIRAMINE/PE/CODEINE – Additive Toxicity (AT), Drug-Age (PA)
 - GCNs #078661 – #078863: CLOBAZAM – Additive Toxicity (AT)
 - GCNs #078712 and #079289: DIAZEPAM – Additive Toxicity (AT), High Dose (HD), Low Dose (LD)
 - GCNs #078815 and #078816: ESTRADIOL – Drug-Disease (MC)

- GCN #079213: ESTRADIOL HEMIHYDRATE – Drug-Disease (MC)
- GCN #078757: FENTANYL CITRATE/PF – Drug Allergy (DA), Drug-Disease (MC), Therapeutic Duplication (TD), Additive Toxicity (AT), Ingredient Duplication (ID), High Dose (HD), Low Dose (LD)
- GCNs #078729 – #078731: HYDROMORPHONE – Additive Toxicity (AT)
- GCNs #079369 and #079370: LEVOTHYROXINE SODIUM – Therapeutic Duplication (TD), Late Refill (LR), Ingredient Duplication (ID), High Dose (HD), Low Dose (LD)
- GCNs #078733 and #078734: LORAZEPAM – Additive Toxicity (AT), High Dose (HD)
- GCNs #078735 – #078737: MEPERIDINE HCL/PF – Additive Toxicity (AT)
- GCNs #079083, #079085, and #079887: TESTOSTERONE ENANTHATE – Drug Allergy (DA), Therapeutic Duplication (TD), Late Refill (LR), Ingredient Duplication (ID), High Dose (HD), Low Dose (LD)

There were no questions or objections to these alert profile recommendations. There was no further discussion.

- ii. Therapeutic Duplication (TD) Alert: Update – Ms. Fingado reported that the TD alert for lithium has been turned off for non-300 mg formulations and the ingredient duplication (ID) alert is now on for all formulations of quetiapine, so as to distinguish between true therapeutic duplication with other antipsychotic medications and not have it combined with two formulations of quetiapine.

There were no questions or objections to these alert profile recommendations. There was no further discussion.

- iii. Additive Toxicity (AT) Alert: Gabapentinoids – Ms. Fingado reported that gabapentinoids are under consideration for addition to the list of drugs for the AT alert based on side effect profile, literature review, and analysis of pharmacy claims data. Ms. Fingado stated that many states are limiting claims to FDA-approved diagnoses or have taken legislative action to classify gabapentin as a scheduled drug, in order to allow gabapentin claims to be reported as part of the prescription drug monitoring program. Ms. Fingado asked if the Board would have interest in a retrospective DUR review of the class of gabapentinoids, including ICD-10 data and concomitant medications.

Dr. Zuniga agreed this should be reviewed and suggested looking at emergency department visits as well. Dr. Albertson reported that these drugs are being abused in the prison population. Dr. Leung suggested also looking at beneficiaries taking both gabapentin and pregabalin as a recent study found combination therapy might be of benefit to certain patients.

Dr. Stafford confirmed that the review would include both pregabalin and gabapentin. Dr. Stebbins motioned to conduct a retrospective DUR review of gabapentinoids. The motion was seconded. There was no further discussion. The motion was approved.

AYE: Albertson, Blatt, Chan, Dhanvanthari, Dryjanski, Leung, Liu, McBride, Mowers, Paulson, Stafford, Stebbins, Walker, Wong, Zuniga

NAY: None

ABSTAIN: None

ABSENT: None

ACTION ITEM: The DUR Board recommendation to conduct a retrospective DUR review of gabapentinoids will be submitted to DHCS.

h. DUR Educational Outreach to Providers: Fee-for-Service

- i. Outcomes: Additive Toxicity – Ms. Fingado presented details from the provider letter aimed at educating health care providers about the recent changes to the additive toxicity (AT) alert within the Medi-Cal fee-for-service population. Ms. Fingado reported that the study population included 31 beneficiaries who were continuously eligible in the Medi-Cal fee-for-service program between October 1, 2018, and January 31, 2019. Each

beneficiary generated an AT alert with pharmacist override during December 2018 and had at least one paid claim for both an opioid and a benzodiazepine, as well as paid claims for at least two additional CNS depressants between October 1, 2018, and December 31, 2018. A total of 67 prescribers were identified for educational outreach letters, which were mailed on January 18, 2019. Any paid claims for gabapentin during the same time period were also included on patient profiles. Ms. Fingado reminded the Board that the primary outcome is the total number of continuously eligible beneficiaries without active paid claims for both opioids and benzodiazepines after 6 months following the mailing. The secondary outcome is the total number of continuously eligible beneficiaries with a paid claim for naloxone within 6 months following the mailing. These outcomes, as well as the response rate and returned mail rate will be presented at the November 2019 Board meeting.

i. Pharmacy Update presented by Pauline Chan

Before Ms. Chan began discussion of the pharmacy update topics, she noted that the proposal describing the DUR Vital Directions Framework was not discussed during the morning session due to time constraints. Dr. Stafford then presented the slides from the morning session and described the components of the proposed framework, including the vision, core goals, action priorities, and essential infrastructure needs. Dr. Stafford motioned that the Board use the DUR Vital Directions Framework to guide priority area topic clusters. The motion was seconded. There was no further discussion. The motion was approved.

AYE: Albertson, Blatt, Chan, Dhanvanthari, Dryjanski, Leung, Liu, McBride, Mowers, Paulson, Stafford, Stebbins, Walker, Wong, Zuniga

NAY: None

ABSTAIN: None

ABSENT: None

ACTION ITEM: The DUR Board recommendation to use the DUR Vital Directions Framework to guide priority area topic clusters will be submitted to DHCS.

- i. Naloxone – Ms. Chan then provided an overview of the [Naloxone Distribution Project \(NDP\)](#), a project funded by SAMHSA and administered by DHCS to combat opioid overdose-related deaths throughout California. The NDP aims to address the opioid crisis by reducing opioid overdose deaths through the provision of free naloxone, in its nasal spray formulation. Ms. Chan stated that the NDP application and additional materials can be found at the link provided. Ms. Chan also provided a link to [Naloxone Access Options in California](#), an informational document for different stakeholders who may be seeking access to the use of naloxone.
- ii. CDC Opioid Guidelines – Ms. Chan reported that the CDC is now offering an online training series for health care providers: [Applying CDC's Guidelines for Prescribing Opioids](#). Ms. Chan stated this interactive training series offers training modules and continuing education, and noted that a mobile application is available. Ms. Chan added that DHCS is considering ways to adopt the CDC's guidelines.
- iii. 2019 Child Core Set – Ms. Chan reported that the [2019 Child Core Set](#) had no new measures added or retired from the 2018 Child Core Set, and that further details could be found at the provided link, [Children's Health Care Quality Measures](#).
- iv. 2019 Adult Core Set – Ms. Chan reported that the [2019 Adult Core Set](#) also had no new measures added or retired from the 2018 Adult Core Set, and that further details could be found at the provided link, [Adult Health Care Quality Measures](#).
- v. CMS All State DUR Meeting – Ms. Chan briefly summarized the webinar with CMS, which was held on January 22, 2019. She stated that slides from this meeting can be found in the packet and she encouraged everyone to review the information provided, including information about the annual report and the [SUPPORT Act](#). Ms. Chan confirmed CMS would be providing additional guidance on the SUPPORT Act in the upcoming months.
- vi. CMS DUR Annual Report 2018 Timeline – Ms. Chan encouraged everyone to review the annual report timeline in the slide deck. Ms. Chan reiterated that the release of

	<p>submission links will be on March 1, 2019, and the final report, which will include the report from FFS and all MCOs, must be submitted to CMS by July 1, 2019.</p> <p>j. Recap of today's action items – Dr. Orozco and Ms. Fingado read the Board action items from the afternoon session. There were no comments.</p> <p>k. Looking ahead: Call for future meeting agenda – Ms. Chan stated that she welcomes recommendations from the Board for speakers and that the May meeting will include a presentation by Heidi Holtz, MD, MEd from Anthem Blue Cross Partnership Plan. Ms. Chan thanked Dr. Zuniga for the recommendation.</p>
7) PUBLIC COMMENTS	<ul style="list-style-type: none"> There were no public comments. Dr. Stafford reminded the Board to complete the feedback form.
8) CONSENT AGENDA	<ul style="list-style-type: none"> The next Board meeting will be held from 9:30 a.m. to 3:00 p.m. on May 21, 2019, in the DHCS 1st Floor Conference Room located at 1700 K Street, Sacramento, CA 95814.
9) ADJOURNMENT	<ul style="list-style-type: none"> The meeting was adjourned at 3:00 p.m.

Action Items	Ownership
Incorporate Dr. Wong's edits into the November minutes and post to the DUR website.	Amanda
The DUR Board recommendation to complete an additional review of the TAR drug data to determine the percentage of TARs for each drug that are due to the statutory prescription limit and the top three reasons for denials among antipsychotic medications will be submitted to DHCS.	Paul/Ivana
The DUR Board recommendation to review best practices for prior authorization process improvement and strategies to prevent filling prescriptions that are already cancelled will be submitted to DHCS.	Amanda/Pauline
The DUR Board recommendation to review the use and prescribing of opioids in the emergency department and surgical setting and a review of naloxone prescribing after the implementation of the new legislative requirements in California will be submitted to DHCS.	Amanda
The DUR Board recommendation to review diabetes management, hypertension management, asthma management, and immunizations within populations with chronic disease, including a review of best practices among managed health care plans will be submitted to DHCS.	Amanda/Pauline
The DUR Board recommendation to approve the FFY 2018 DUR Annual Report to CMS for the Medi-Cal Fee-for-Service program will be submitted to DHCS.	Amanda/Pauline
The DUR Board recommendation to present generic utilization and expenditure data exclusive of carved out drugs for all FFS beneficiaries and MCPs (by plan) and also for all carved out drugs.	Amanda
The DUR Board recommendation to archive the varenicline alert will be submitted to DHCS.	Amanda
The DUR Board recommendation to conduct a retrospective DUR review of gabapentinoids will be submitted to DHCS.	Amanda
The DUR Board recommendation to use the DUR Vital Directions Framework to guide priority area topic clusters will be submitted to DHCS.	Pauline